APPLICATION FOR ELECTRONIC ACCESS OF RECORDS

TO BE USED ONLY BY LIMITED LIABILITY COMPANIES PROVIDING HEALTH RELATED PROFESSIONAL SERVICES OR LICENSED BY THE BOARD OF ENGINEERS AND ARCHITECTS

John A. Gale, Secretary of State Room 1301 State Capitol, P.O. Box 94608 Lincoln, NE 68509 http://www.sos.state.ne.us

Name of Limited Liability Con	npany			
Principal Place of Business				
	Street Address	City	State Z	Zip
Practice of				
Plea	se name profession company	is engaged in		
Telephone Number ()				
MEMBERS OF	THE LIMITED LIA	ABILITY COMI	PANY	
This Section Must be Complete				are
required by Nebraska law to be lie				r
which the limited liability compar	ny was organized. (use	additional sheets in	f needed)	
Full Name & License #	Resid	dence Street Addre	ess, City, State,	Zip
Full Name & License #	Resid	dence Street Addre	ess, City, State,	Zip
Full Name & License #	Resid	dence Street Addre	ess, City, State,	Zip
Full Name & License #	Resid	dence Street Addre	ess, City, State,	Zip
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Full Name & License #	Resid	dence Street Addre	ess. City. State.	Zip
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Full Name & License #	Resi	dence Street Addre	es City State	7in
Turrium & Erense "	<u>ICON</u>	dence Street Haare	obs, City, Buile,	2 1p
FILING FEE: \$50.00				
TILINOTEL. \$30.00				

(Please Complete Reverse Side)

Neb. Rev. Stat. 21-2631.01

Revised 5-08-07

MANAGERS OF THE LIMITED LIABILITY COMPANY
This Section Must be Completed. List all managers of the limited liability company who are required by Nebraska law to be licensed or certified to perform the professional services for which the limited liability company was organized. (use additional sheets if needed)

Full Name & License #	-	Residence Street Address, City, State, Zip
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Full Name & License #	-	Residence Street Address, City, State, Zip
Full Name & License #	-	Residence Street Address, City, State, Zip
PROFESSIONAL EMPLOYEES OF This Section Must be Completed. List all procompany who are required by Nebraska law to professional services for which the limited liab sheets if needed)	rofess o be li	ional employees of the limited liability censed or certified to perform the
Full Name & License #	-	Residence Street Address, City, State, Zip
Full Name & License #	-	Residence Street Address, City, State, Zip
Full Name & License #	-	Residence Street Address, City, State, Zip
Full Name & License #	-	Residence Street Address, City, State, Zip
Full Name & License #	-	Residence Street Address, City, State, Zip
Full Name & License #	_	Residence Street Address, City, State, Zip
Signature of Member	- Or	Signature of Managar
	or	Signature of Manager
	or	Printed Name of Manager